

YR:

NAME: SPECIMEN CATALOG PAGE #:

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#	Locality:			
<input type="checkbox"/> Skin				
<input type="checkbox"/> Skel.	Lat:	Long:	Datum:	GPS Err:
<input type="checkbox"/> Parasite	Date collected:		Date prepared:	
<input type="checkbox"/> Blood	Species:			Wt:
<input type="checkbox"/> Swab	Tiss: <input type="checkbox"/> # Tubes: ___ Types: H L M K Br Ey		Barcode #:	
<input type="checkbox"/> Slide	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> sex?	Skull:	Fat:	
<input type="checkbox"/> GI tract	Repro: <input type="checkbox"/> Tiss			
<input type="checkbox"/> Photo	Molt:			
FN	Habitat:		Stomach: <input type="checkbox"/> Saved	
	Notes:			
<input type="checkbox"/> Shot				
<input type="checkbox"/> Net				
<input type="checkbox"/> Salvage				

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